

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** LAKESIDE WOODLAND HOME (0009855)

**Address:** W913 WASHINGTON AVE, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0097051      **End Date:** 05/03/2006      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094809      **End Date:** 05/17/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094740      **End Date:** 05/05/2005      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008806    Served 05/13/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	05/03/2006	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	05/03/2006	Yes
83.12(5)(a)	SUPERVISION AND MONITORING	05/03/2006	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	05/03/2006	Yes

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**Survey ID: 0094399      End Date: 03/29/2005      Type: OTHER      Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008789    Served 04/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALIAED CAREGIVERS	04/30/2005	Yes

**Survey ID: 0091797      End Date: 12/09/2003      Type: STANDARD      Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008648    Served 01/14/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/12/2005	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/12/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/12/2005	Yes
83.18(1)(a)	RESIDENT RECORDS-GENERAL REQUIREMENTS	04/12/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/12/2005	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	04/12/2005	Yes

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Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Enforcement History**

**Date: 05/12/2005**      **SOD #10008806**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---13.05(2); 83.12(5)(a)  
FORFEITURE---83.19(3)(e)

**Date: 04/01/2005**      **SOD #10008789**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

**Date: 01/12/2004**      **SOD #10008648**      **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Complaint History**

**Date Complaint Received: 01/11/2006**

**Date Investigation Completed: 05/03/2006**

Subject Area(s)

RESIDENT RIGHTS

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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